

eighty-ninth annual session of the American Medical Association which will begin its five days of meetings in San Francisco on Monday, June 13. The *Journal of the American Medical Association*, in its issue of May 17, gives a comprehensive outline of the many activities in scientific and organized medicine which will then and there be considered. If you are not a subscriber of the *Journal A. M. A.*, it will be worth the while to borrow a copy from some colleague and orient yourself concerning the work of our national organization, in which the California Medical Association is one of the large constituent state units. And then, if you have in mind to go to San Francisco for the American Medical Association annual session, it would be wise to write the California Medical Association, Suite 2004, 450 Sutter Street, San Francisco, in regard to hotel reservations. The hotel rates were given on page 1573 of the *Journal A. M. A.* of May 7.

The many physicians who continue to attend meetings of the American Medical Association are unanimous in expressing a favorable opinion of their value. Inasmuch as the medical profession of California is this year's host, the registration of physicians from our state should be only such as to reflect the highest credit upon ourselves. In this connection, if you are not a "Fellow" of the American Medical Association, it would be well to write at once to the American Medical Association, 535 North Dearborn Street, Chicago, and make request for a fellowship application blank. As stated by Dr. Junius B. Harris, in his Salutation which appears in this number, the payment of the fellowship dues, of seven dollars, entitles each Fellow to a subscription to the *Journal A. M. A.*, while a subscription to the American Medical Association journal alone, and without the privileges of a fellowship, costs the same amount, namely, \$7.

The officers of the California Medical Association urge you to attend this eighty-ninth annual session of the American Medical Association (and so utilize in excellent way some of your vacation days); and also recommend that if you are a subscriber to the *Journal A. M. A.*, but not a "Fellow," to write and secure such fellowship, in order to be able to register and take part in the meetings. If you send your application to the California Medical Association, 450 Sutter Street, San Francisco, the communication will be referred to the proper A. M. A. officers. You will deny yourself real inspiration and pleasure if you fail to attend the June 13-17 session of the A. M. A. in San Francisco.

"COUNTY INSTITUTIONS COMMISSIONS" FOR THE COUNTY HOSPITALS OF CALIFORNIA VERY MUCH NEEDED

How County Hospital Purposes Have Changed in Recent Years.—During the last ten years, in many of the publicly supported county hospitals of California, the functions of those institutions, regarding the group of citizens who are there eligible for hospitalization and medical care

as well as financial and other factors having relation thereto, have undergone changes that are most important to patients, taxpayers, and the members of the medical profession. How far, for example, from almost generally accepted procedures in county hospital management some of these innovations can go, has been shown in recent issues of *CALIFORNIA AND WESTERN MEDICINE*, in the discussion of serious problems that have arisen at the Los Angeles County General Hospital.*

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Illegal and Injudicious Procedures in Vogue in Some County Hospitals of California.—It is not necessary again to go into detailed discussion of some of the matters previously commented upon, it being sufficient to mention the following:

1. That public moneys seemingly have been expended in unwise and perhaps illegal adventures and efforts intended to collect money from indigent patients, when, according to California law, hospitalization and medical care supposedly should be given without cost to such needy citizens;

2. That the fundamental purpose for which county hospitals were brought into being still exists, namely, to place the facilities in such institutions only at the service of those citizens who, as sick and injured, lack the financial resources to pay for needed hospital and medical care;

3. When hospitalization costs are calculated and a fee table for such service is established by a board of supervisors, that the rates shall be fair and equitable, and not in excess of the costs of hospitalization service of equal or better standard, purchasable in private hospitals of the same community;

4. When statements for hospitalization services are rendered to "medically indigent" citizens (persons able to provide shelter, food and clothing for themselves and their dependents, but with insufficient funds to cover hospital and medical care costs), the law as interpreted by the California courts shall be observed, namely, that such "partly" or "medically indigent" persons shall be called upon to pay only so much of their hospitalization costs as would represent a fair and equitable proportion of their financial resources;

5. That a patient admitted to a county hospital should himself be informed (or through a legal guardian) within, say, three days after admittance, as to what the average costs per day and week would probably be (applying here the same routine that exists in private hospitals); and that thereafter, weekly if possible, or semimonthly or monthly, in any event, a memorandum of the approximate costs would be rendered (again, as in private hospitals), in order that the patient, if partly indigent, could ask for discharge, in case the costs were mounting to heights impossible for the individual to pay, in whole or in part;

6. That the routine plan of having patients, seriously ill or otherwise, sign over in blank, as it

* See items on Los Angeles County Hospital in this issue, on page 477. Also previous articles in recent issues as follows: February, 1938, pp. 73 and 78; March, pp. 156 and 216; April, pp. 234 and 279; and May, pp. 309 and 383.

were, all rights to burial and other insurance policies or equities in small and heavily mortgaged properties, be replaced by a system with more of the human element and human individualization in evidence;

7. That when statements for hospitalization are sent out, the items should be so worded that the county operating the hospital may not be accused of having attempted to secure reimbursement under fraudulent pretenses; thus, when a county sends out bills for an item such as "Use of the Operating Room and Personnel," this fact should be so stated, instead of naming the operation and giving the impression that the charge was for the surgical operation (for which operation, if it had been performed by an attending surgeon who was giving gratuitous service, the county would have no legal right to make a charge);

8. That nonindigent citizens—viz., sick and injured citizens who are neither "indigent" nor "medically indigent"—should not be permitted to use the facilities of a county hospital, except in cases of great emergencies, such as earthquakes and fires; because, to admit such nonindigents is clearly an illegal act, for which the constituted authorities could be held liable in law, since they would in such instances be using public moneys for private purposes;

9. That if a collection bureau is established by a county for its hospital, its administration should not be permitted to waste public moneys in efforts to collect from indigent citizens (who are legally entitled to care without cost), or improper amounts from medically indigent persons, by hiring a large clerical and other personnel to send out statements in amounts aggregating thousands of dollars, of which, perhaps, only about 5 per cent or so ever could be collected.

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Improper Procedures in County Hospital Administration Must Be Stopped.—If illegal and unbusinesslike methods, such as are enunciated above, exist in one or more county hospitals in California, and if in the interests of:

1. The principle of humanitarian care for sick and injured citizens who are indigent or near-indigent;

2. The rights of taxpayers to have public moneys expended only for public purposes; and

3. The maintenance of proper professional and business standards,

it is desirable to remedy administrative deficiencies such as have been outlined, what are the constructive plan or plans that may then be brought forward for consideration?

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The Solution of These County Hospital Problems Is Found in "Institutions Commissions." It is our opinion, based upon experience on a county hospital medical board extending over a period of more than thirty continuous years (during which we have seen one political administration follow the other) that the answer is to be found in

an "Institutions Commission" modeled after the excellent form brought into existence in 1917 for Alameda County.* That Commission came into being largely through the efforts of Dr. O. D. Hamlin, himself an ex-president of the California Medical Association, who persuaded an influential group of fellow citizens of Oakland to join with him in an effort to induce the Board of Supervisors of Alameda County to authorize an "Institutions Commission" which, by ordinance, was warranted to

"have jurisdiction over the County Hospital, the County Infirmary, and the Tuberculosis Hospital of the County of Alameda, of all employees thereof, and of all activities carried on therein, and of all institutions for the sick, injured or infirm, maintained and operated by the county of Alameda, not including therein the Emergency Hospital."

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Alameda County Institutions Commission.—The foregoing ordinance was adopted on July 16, 1917, and the hospitals mentioned above have been under the jurisdiction of this "Alameda County Institutions Commission" since that year.

On August 23, 1932, the original ordinance was repealed by "An Ordinance Relating to the Powers and Duties of the Alameda County Institutions Commission and Repealing Ordinance No. 208 entitled, 'An Ordinance Creating the Alameda County Public Health Center Board and Prescribing Its Powers and Duties Pursuant to the Provisions of Section 13 of the Charter of the County of Alameda.'"

The Alameda County Institutions Commission, as at present constituted, is operating under the revised ordinance having the above title, adopted in 1932, and which, for the information of our readers, appears on page 475 of this issue, in the Special Articles section. The ordinance is commended for most careful perusal by every member of the California Medical Association, because in it we find a method that has already prevented, and can overcome and prevent procedures such as were indicated in the beginning of these comments.

In fact, the Institutions Commission plan of supervision of county hospitals and their associated activities is today, without doubt, the most logically indicated method of operation for these public institutions that have such wide scope and extended influence on the health and happiness of citizens with lower-bracket incomes, as well as on the interests and rights of taxpayers.

The Alameda County Institutions Commission plan is not 100 per cent perfect, but it can serve as an excellent model for other counties. Take the time to read or scan its provisions.

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How Could the Alameda Institutions Commission Plan Be Applied, for Example, to the Large Los Angeles County General Hospital? At the beginning of these comments, references were given to articles on the Los Angeles County

* References to this Alameda Institutions Commission plan was made in articles by Dr. George G. Reinle in CALIFORNIA AND WESTERN MEDICINE, July 1913, page 1; and in the issue of November, 1933, pp. 340 and 289. Another reference appears in this issue, on page 475.

Hospital which have appeared in recent issues of CALIFORNIA AND WESTERN MEDICINE. Therefore, it is not necessary to reiterate what has been previously stated concerning indicated changes for that institution. In one press clipping in this issue* commenting upon the requested budgets of the charitable institutions of the County of Los Angeles, the following estimates for maintenance costs for one year were given:

	Budget Estimate
Los Angeles County General Hospital.....	\$5,595,511
Olive View Sanatorium (tuberculosis).....	1,335,982

The above are financial amounts of little less than amazing proportions, made necessary to cover the maintenance costs of these large charitable institutions in one of the metropolitan centers of California.

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Present Charitable Institutions Ordinance of Los Angeles County.—The statutes of California place the primary responsibility of expending these public moneys on the five members of the Board of Supervisors of Los Angeles. That Board, however, has many other responsibilities, and by Ordinance No. 2168 (New Series) Eff. 11-30-1932 it is provided that a county employee known as the "Superintendent of Charities" shall be vested with the authority to manage the aforementioned institutions, the exact language being as follows:

Rule 1. Subject to the direction of the Board of Supervisors and rules and regulations adopted by the Board, the Superintendent of Charities shall be the head of, and it shall be his duty to direct, supervise and control all activities of the Department of Charities, including the General Hospital, Rancho Los Amigos, Olive View Sanatorium, County Cemetery, and the Bureau of County Welfare. He shall enforce rules and regulations for the conduct and government of the various bureaus of the Department of Charities and of the charitable institutions of the county.

Rule 2. The Superintendent of Charities shall have power to appoint the Executive Superintendent of the General Hospital, Superintendent of Rancho Los Amigos, Superintendent of Olive View Sanatorium, Superintendent of the County Cemetery, and the Superintendent of the Bureau of County Welfare.

Rule 2a. Subject to the supervision and direction of the Superintendent of Charities the Executive Superintendent of the General Hospital shall have immediate charge and control of the General Hospital, and with the approval of the Superintendent of Charities shall have the power to appoint all employees of the General Hospital.

Comment.—In a plan for an Institutions Commission for Los Angeles County, the duties and powers now vested in the Superintendent of Charities would be vested in the Commission, the Commission taking over the Superintendent's major functions as to appointments and so on, and he in turn, "perhaps, occupying a place in relation to the Institutions Commission similar to that which the Executive Superintendent of the General Hospital (see Rule 2a above) at present holds to himself.

* For recent press clippings concerning Los Angeles County Hospital see page 477.

How Should an Institutions Commission Be Composed?—A proposed plan for an institutions Commission would be somewhat as follows:

Number of Members.—Seven.

Term of Office.—Seven years each.

How Appointed.—One member to be appointed each year by the Board of Supervisors. (The terms of supervisors are four years each, in a staggering arrangement. Therefore, appointees in succeeding years would be responsive to the wishes of the electorate as expressed in their election of supervisors.)

Qualifications.—The seven members of the Institutions Commission to be citizens, who have had prior legal residence in the county for at least five years, and who have had special training or experience in administrative matters having to do with business, or with social welfare activities, or with professional work. The honorarium to be twenty dollars for each meeting, provided, that no more than three meetings in a single month would be entitled to such honorarium.

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Institutions Commissions Can Be Created by Ordinances or by Charter Amendments.—In Alameda County, the Institutions Commission came into being through an ordinance, and it has done its work so well since 1917 that no effort has ever been made by succeeding Boards of Supervisors to repeal the enactments. However, another method, and one which could be used in counties operating under county charters—as in Los Angeles County, for instance—would be the submittal of a charter amendment that might create an Institutions Commission. An Institutions Commission, once so created, would continue to operate until such time as the electorate deemed it wise to provide otherwise.

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Government of County Hospitals in California of Vital Importance.—This subject of Institutions Commissions, as above commented upon, will be referred to in future issues, but it is to be hoped that what has been stated here and elsewhere in this issue of the Official Journal may stimulate further thought and discussion. No public health problem in California has closer implications with medical practice in this state than the publicly supported county hospitals. These institutions can be potent factors in determining what the future shall bring to scientific and organized medicine. It is to be desired that even during the coming vacation months the subject will receive attention by the proper medical society committees in every county in California.

MEDICAL CARE OF MIGRATORY WORKERS

"Agricultural Workers' Health and Medical Association," a Corporation.—Under the caption, "California 'Migrants': 'Workers' and 'Rovers,'" the problem of medical care for migratory workers in California received brief editorial